Capahuku Nursery

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VENEREAL DISEASE IN WARTIME HAWAII*

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FOR the two years, 1944 and 1945, the Army venereal disease rate of infections acquired and reported in Hawaii was about 1.5 per 1,000 per annum. This rate is in such sharp contrast to rates reported from other theaters of war and from the mainland of the United States that a discussion of venereal disease in wartime Hawaii seems in order.

For the year 1941, at the end of which war began, the rate for the Army's Hawaiian Department was 15. By the end of the first year of the war, it dropped to about 5. In 1943 it declined to 3, and for the years 1944 and 1945 the locally acquired fraction of the rate was down to 1.5. In 1942 the bulk of infections was acquired in the Hawaiian area. It is estimated that at the onset of the war at least three-fourths of the 15 cases per 1,000 service men in Hawaii were acquired locally. Beginning with the year 1944, there was a sharp change in this picture, with the great majority of venereal disease cases diagnosed in Hawaii being acquired in areas other than the Hawaiian Islands. For the year 1944 the total venereal disease rate for the Armed Forces in Hawaii was 4.4 with the locally acquired fraction 1.5. During 1945 the locally acquired case rate remained about 1.5 while the total rate for the Hawaiian area increased to 7.5. Thirty years ago in Hawaii the Army rate was 175 per 1,000 per year. Now instead of approximately 1 man in 5 getting a new case of a venereal disease each year, only about 1/100 of this number become infected.

This paper will attempt to show the activities carried on during the four war years which were aimed at the control of venereal disease in Hawaii. While the paper is written by a Health Department staff member, it is virtually impossible to demarcate clearly the efforts carried out by the Health Department, the Army, the Navy and the United States Public Health Service. Many factors played a part in the reduction of the venereal disease rate, but the one of paramount importance undoubtedly was the very close cooperation of the several agencies responsible for the control of venereal disease.

What Are the Factors Responsible for Low Venereal Disease Rates? Many people are aware of the currently low venereal disease rates in Hawaii. A few know that rates here have been particularly low since 1929. Very few realize

*This paper is built around a report prepared by the author and Colonel Eliot Colby, then Venereal Disease Control Officer for the Hawaiian Department, which was submitted to the United States Public Health Service and to the Army in 1943.

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that for the last thirty-five years, with three exceptions, the Hawaiian Department rate has been constantly lower than that of the U. S. Army as a whole. A comparison of the U. S. Army and the Hawaiian Department rates is presented.

Many factors are believed to have had an important effect on the venereal disease problem, which began when venereal disease was introduced into Hawaii at the time of Captain Cook's discovery of the islands.

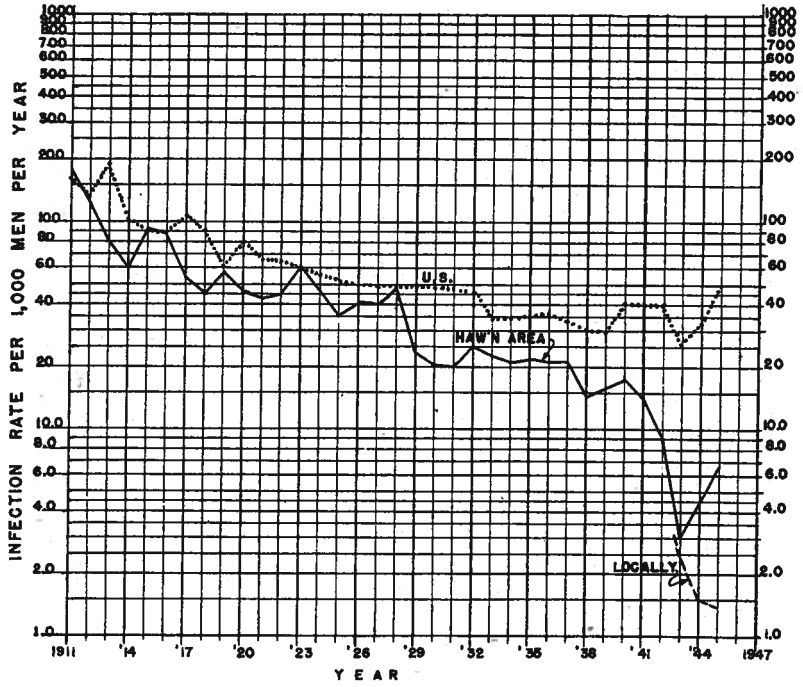

Fig. 1.—Army venereal disease rates. Infection rate per 1,000 men per year.

United States,	1911-1945 .....
Hawaiian Area Total,	1911-1945 _____
Locally acquired,	1943-1945 - - - - - - - -

By 1860 venereal disease was rife in the Territory. The ports of Honolulu and Lahaina were notorious for their prostitutes and the legislature felt that it was imperative to take remedial steps. During that year an act to mitigate the evils of prostitution was passed. At about the same time, a ward was established in the then new Queen's Hospital for the treatment of syphilitics. Little information is available concerning the status of venereal disease during the next fifty-five years, but in 1911 the Army venereal disease rate in Hawaii was 175. In 1916, community pressure brought about the closing of the regulated houses of prostitution in the Iwilei District, and in 1921 a venereal disease clinic was started. Following the closing of the houses of prostitution in late 1916, there was first dispersion, then regulation, and finally, twenty-eight years later, repression of prostitution. A moderate venereal disease control program began in 1937.

Hawaii is insular in nature and has a polyglot population. There is a variety of cultural patterns and a wide disparity in numbers of men and women as a result of importation of large groups of single male laborers, first for plantation work, then for war work. A high social breakdown rate exists and during the war there occurred tremendous population increases, particularly among the Armed Forces and war workers. While all of these factors do not relate directly to the presence or absence of venereal disease, many of them normally are part of the usual scene in which venereal disease is prominent. To all this was added the inevitably disrupting influence of the war.

Following the outbreak of war and the establishment of martial law in Hawaii the normal conditions of life changed sharply. For example, a curfew and blackout became effective at dusk. Later they were relaxed to 10 P. M., but not until 1945 were both the blackout and curfew done away with entirely. In December 1941, prohibition was instituted and was absolute for several months, following which moderate relaxation occurred and ultimately a rationing system was started. Shortly after the war began, many women were evacuated and but few were permitted to enter the Territory, while men were imported in tremendous numbers for the services of war work. In 1944 civilian women were permitted to return and thousands of female war workers and military personnel were brought to the Territory. The entire civilian population was registered and fingerprinted, and travel between the islands of the Territory and the mainland was placed under absolute control. The number of white prostitutes declined and recruitment of new operators became difficult. Ultimately, the repression of prostitution was instituted first on Maui, then on Hawaii and Kauai, and finally on Oahu, the island on which Honolulu is located.

Establishment and Development of the Wartime Venereal Disease Control Program.—In February 1942, a division of venereal disease control was established in the Board of Health. Early in March a Navy captain was assigned to venereal disease control work. In May 1942, the military governor issued an order relating to the control of communicable diseases, particularly the venereal diseases, supplementing existing Board of Health rules and regulations. This military order called for a coordinated program by the Army, the Navy, and the Territorial Board of Health. The following points were outlined as measures to which particular attention was to be paid:

a. Immediate reporting of all cases of venereal disease to the Health Department along with names of suspected sources of infection.
b. An examination of all individuals suspected of having such disease.
c. Effective quarantine of contagious cases with hospitalization when necessary.

Subsequent to the termination of military law, regulations were enacted by the Board of Health to provide for necessary contact examination and quarantine of infected individuals.

In addition to the military orders and Board of Health regulations, the agreement between the War and Navy Department, the Federal Security

Agency, and the State and Territorial Health Department was followed, and will be discussed as it was put into practice under the headings of Treatment Facilities, Epidemiology, Isolation, Prostitution, Prophylaxis, and Education.

Treatment Facilities.—At the inception of the coordinated program, diagnostic and treatment facilities were amply provided for servicemen in the several Army and Navy hospitals. The facilities for treatment of civilian venereal disease consisted of a moderately interested but extremely busy group of practitioners; a score of "house doctors" responsible for the medical care and examination of prostitutes in the city, most of whom were conscientious, careful, qualified physicians; government physicians in thirty-six districts in the Territory, who were responsible for the care of communicable diseases and the indigent sick; and the Board of Health clinics. In the City of Honolulu the Board of Health Palama and Kapahulu clinics were adequately equipped to handle the diagnostic and treatment loads in this area. Suitable clinics were also located in Hilo, Hawaii, and Wailuku, Maui.

The treatment of civilian venereal disease was made more effective when in June, 1944, penicillin was released by the Health Department for the treatment of all civilian gonorrhea. This was prior to the general availability of the drug. The adequate and rapid treatment of civilian cases assured fewer contacts with infected women.

During 1942 and 1943 Army physicians and nurses were loaned to supplement the staff of the Health Department's Honolulu venereal disease clinics. This made it possible to provide more complete treatment and epidemiologic service than would otherwise have been possible and undoubtedly furthered the control of venereal disease.

Epidemiology.—Just before the inauguration of the coordinated program, a study was made of the reporting of Army and Navy contacts to the Health Department. There was found to be a lapse of several days between the date of diagnosis and the initiation of the epidemiologic investigation, which prevented effective follow-up of acute venereal disease. Not only did the reports arrive at the Health Department late, but many were deficient in that they often carried no diagnosis, or inadequate description, or valueless information, or in that they attempted to cite particular sources of disease rather than enumerating all contacts. At that time, the follow-up of most contacts was carried out by non-commissioned military police personnel who had had no special training in venereal disease contact investigation. Certain cases were referred to the Health Department for investigation, but this was usually done very late in the procedure or only after the military policeman had failed in his efforts.

With the effecting of the coordinated program, the civilian and service physicians were to report newly diagnosed cases of infectious venereal disease to the Board of Health immediately along with the names or descriptions of all contacts. It was the Health Department's function to search out and examine these contacts and to check the case-holding activities of private physicians and clinics in order that cases should not lapse from treatment before they became noninfectious.

As the major sources of epidemiologic information in Hawaii were the Army and the Navy, special arrangements were made to expedite this information. Naval activities agreed to telephone immediately contact information to the Health Department with written reports being transmitted as soon thereafter as possible. Army hospitals were directed by the Department Surgeon to send all contact information by special messenger. Thus, most investigations were started within twenty-four hours after the diagnosis of the case.

In contrast to most military areas, all cases of venereal disease in the Army in Hawaii were hospitalized. It was believed that with the small geographic area involved, the resulting benefits through increased effectiveness of contact investigation would more than outweigh the loss of strength to the command. Early in the war, Health Department male investigators were permitted to enter Army hospitals to obtain or verify information. Toward the end of the war the Army assigned a qualified male investigator to the task of obtaining more complete contact information from the infected soldier, and a Navy chief pharmacist's mate was also assigned to this work. In many instances, the Navy pharmacist's mate escorted infected sailors to the Health Department to be interviewed by Health Department personnel. As a result, more complete, more accurate, and more timely information was obtained than had hitherto been possible.

Reporting of civilian contacts was enhanced when penicillin was made available to civilian physicians for the treatment of gonorrhea. The drug was released in June, 1944, with the provision that contact investigation be carried out to the satisfaction of the Board of Health. As a result of this procedure the majority of private physician cases of gonorrhea were interviewed by a trained Health Department worker, thus assuring a much more thorough follow-up of infected civilians. This procedure was an outgrowth of a plan previously adopted by the Health Department for the provision of case-holding services for the noninfectious case of syphilis.[1]

The epidemiologic process was somewhat complicated by the presence of open houses of prostitution. When descriptions of contacts were adequate, the bona fide contacts were repeatedly examined. If the descriptions were not adequate but if the contacts were among the prostitute group, all individuals approximating the description were examined. If contacts were of the professional or clandestine prostitute group, the civilian or military police were used to aid in surveillance of the individual. Ordinarily all contacts were examined; in the case of gonorrhea, examinations were given on at least three occasions, at which time cervical and urethral cultures and cervical and urethral smears were taken as was a blood test for syphilis. During several months, routine examinations were made of Bartholin's glands but this procedure was not productive. Contacts of syphilis, granuloma inguinale, lymphogranuloma venereum, and chancroid were investigated by the necessary blood tests, dark-field examinations, skin tests or scrapings. As open houses of prostitution were permitted, certain special conditions prevailed. Many of the professional prostitutes engaged in oral intercourse and as a consequence it was necessary to examine this site for possible infection. Three cases of proved buccal gonorrhea were

found in professional prostitutes.[2] When examinations were made of "reasonably suspected" professional prostitutes, some compromise had to be made in the type of examination given. Professional prostitutes definitely cited as the source of infection were not permitted to ply their trade until they had been examined adequately. Girls not positively described but reasonably resembling the individual described, or, on occasion, all occupants of a particular house of prostitution when examined were permitted to work while they were given a single cervical and urethral smear, culture, and blood test. Through this method, which was essentially a survey of a highly infected group, large numbers of prostitutes were examined, many of whom were found to be infected. Individuals not of the prostitute class were examined in a similar manner but were given the benefit of the privilege of examination by private physicians providing the examination was of a type approved by the Health Department. During one phase of the prostitute era a number of the girls used sulfonamides routinely. As a consequence, all contacts of the professional prostitute group were subjected to a blood sulfonamide determination and were not released from surveillance until they had had a series of examinations subsequent to their bloods being free of the sulfonamide.

While major efforts were devoted to finding contacts of infection in Hawaii, every effort was made to obtain information concerning sources of infection in other parts of the world and transmit this information to the appropriate health or military agency. Toward the latter part of the war the bulk of infections was acquired in areas other than Hawaii. Some interesting geographic distributions of contacts were obtained. In fact, of five consecutive reports reaching the Health Department in one morning, one contact occurred in New Zealand, one in Australia, one in the State of Washington, one in Florida, and only one in the Hawaiian area.

It was possible to locate practically all adequately described contacts in Hawaii. In an island group such as this, where inter-island traffic was under military control and where everybody was registered with the Central Identification Bureau, it was possible to find nearly anyone. Such an epidemiologic advantage is unique.

It is felt that the rapid investigation of contacts, their thorough examination, hospitalization of those found infected, the relative ease of finding contacts because of the insular nature of the area, and the fingerprinting of the entire population, all have been significant factors in the reduction of the Hawaiian Department venereal disease rates during the war years.

Isolation.—It was recognized at the outset of the coordinated program that certain infected promiscuous individuals must be removed from the community if they were to be kept from exposing others. Accordingly Army General Order 107 provided the services of Army Provisional Hospital No. 3, Kuakini Hospital, for isolation of such patients as the Health Department deemed necessary. This provision of Army hospital facilities for civilians was undoubtedly a factor in the reduction of disease rates. Patients were hospitalized throughout the territory but as the majority of cases occurred on Oahu, the procedure as carried out there is described.

Early in July, 1942, the first patient was admitted to the Army section of the Kuakini Hospital. At that time known professional prostitutes who had their own private physicians were not hospitalized, since it was the feeling in the community that professional prostitutes could be trusted and could be handled adequately as outpatients, as had been done in the past. In September, 1942, it became apparent that all infected prostitutes, professional as well as clandestine, needed to be isolated. The "house physicians" were asked to hospitalize their infected clients in any private hospital of the city. Following hospitalization, these patients were to be examined by the Board of Health prior to "going back on the floor." There was a sudden influx of infected professional prostitutes into private hospitals. This large influx of an undesirable type of patient into already overcrowded hospitals made it imperative that other bed facilities be found, following which arrangements were made for private wards adjacent to Army wards in the Kuakini Hospital. When these wards were opened Jan. 4, 1943, approximately twenty beds for professional prostitutes and about twenty for clandestine prostitutes were made available.

With all of the infected promiscuous patients in one hospital, it was possible to establish fairly rigid criteria of cure. At first a series of three cultures and smears was taken on alternate days. If these were all negative, the patient was then sent to the Board of Health clinic for a second series of three examinations to be made on successive days. This prolonged period of observation seemed to work an economic hardship on many of the "professionals" as a result of which the "house doctors" asked that the number of examinations in the hospital be reduced. At their request, the professional prostitutes were held in the hospital only two days after treatment. On these days they were given cultures and smears and were then directed to the Health Department clinic for a series of three examinations. While the Board of Health picked up a slightly higher percentage of such patients after treatment than was formerly the case, the period of observation seemed to meet the practical need. It is readily apparent from the above that when professional prostitution is permitted in a community, some concessions must be made by the health authorities to the prostitution industry. The repression of prostitution in September, 1944, simplified tremendously the management of such phases of the program as hospitalization, because subsequent to repression all infected individuals could be handled in the same manner.

While it was not possible to outline the type of therapy given to the professional prostitute, a minimum period of treatment time was established, and release examinations were not permitted until at least twenty-four hours after the last treatment had been given. In June, 1944, when penicillin was made available to civilian physicians, it was possible to reduce the number of hospital beds by one-half. One floor at Kuakini Hospital was then returned to civilian control and finally when the houses of prostitution were closed in September, 1944, the need for such isolation facilities ended. Special hospital beds were maintained until January, 1945, and subsequently all infected individuals were isolated in general hospitals of the city rather than in special treatment units.

Patients with early syphilis and chancroid were admitted to the hospital on an individual basis. The few cases of syphilis seen were treated with some variant of the accelerated plan and hospitalization was continued only to the point where infectiousness was controlled.

With the low incidence of venereal disease in Hawaii and the presence of other favorable factors, the hospital facilities described were not replaced by a rapid treatment center. There was no difficulty in getting patients into private hospitals. Most patients were able to pay for private medical care or at least for the cost of hospitalization. Indigents were hospitalized at the expense of the community and treated by the staff physicians of the hospitals under plans acceptable to the Health Department. Follow-up of such cases was the responsibility of the Health Department.

Not only was it possible to isolate infected individuals, but virtually all Army personnel brought into Hawaii from more highly infected areas were not privileged to leave their camps for three days, and then only after being examined for venereal disease. When an excessive amount of venereal disease was discovered during this time, the three-day period was extended until the majority of infections were discovered. One unit from an area having an extremely high rate was kept in camp quarantine for three weeks and examined repeatedly at various times of day and night. This waiting period plus the time in transit permitted most mainland acquired cases of gonorrhea and many cases of syphilis to develop and be diagnosed before personnel were able to contact civilian women. The judicious use of camp quarantine undoubtedly was responsible for preventing the introduction of many more cases of venereal disease into Hawaii than would have been the case had the customary inspection and brief quarantine been relied on exclusively. Isolation of virtually all infected civilians was a distinct adjunct in preventing disease among both civilian and service personnel.

Prostitution.—Item VI of the joint agreement of the War and Navy Departments and the United States Public Health Service and State and Territorial Health Officer says, "Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitutes. The local health departments, the State Health Department, the Public Health Service, the Army and the Navy will cooperate with the local police authorities in repressing prostitution."

Prostitution had been permitted in Hawaii for many years and continued to be tolerated during the early years of the war when the Territory was under military rule, even though about 75 per cent of all new venereal disease cases were attributed to brothel inmates. Repression was not instituted in Honolulu until the latter part of 1944, and then only after vigorous community action and the eventual cooperation of the Armed Services.

One of the first moves to reduce the evils of prostitution in the Territory was made in 1860 when the Hawaiian government set aside funds to "mitigate the evil of prostitution." But since that time prostitution had flourished, nearly

always openly and, until 1930, with little regulation. In 1914 a study was made resulting in the publication of a pamphlet, "The Social Evil." In 1916, subsequent to a grand jury investigation, the Iwilei District, comprising perhaps two-thirds of the red light district of Honolulu, was closed. By 1923, however, the city was "wide open" again, and by the end of that decade to meet a part of the problem resulting from prostitution, a system of regulation was initiated.

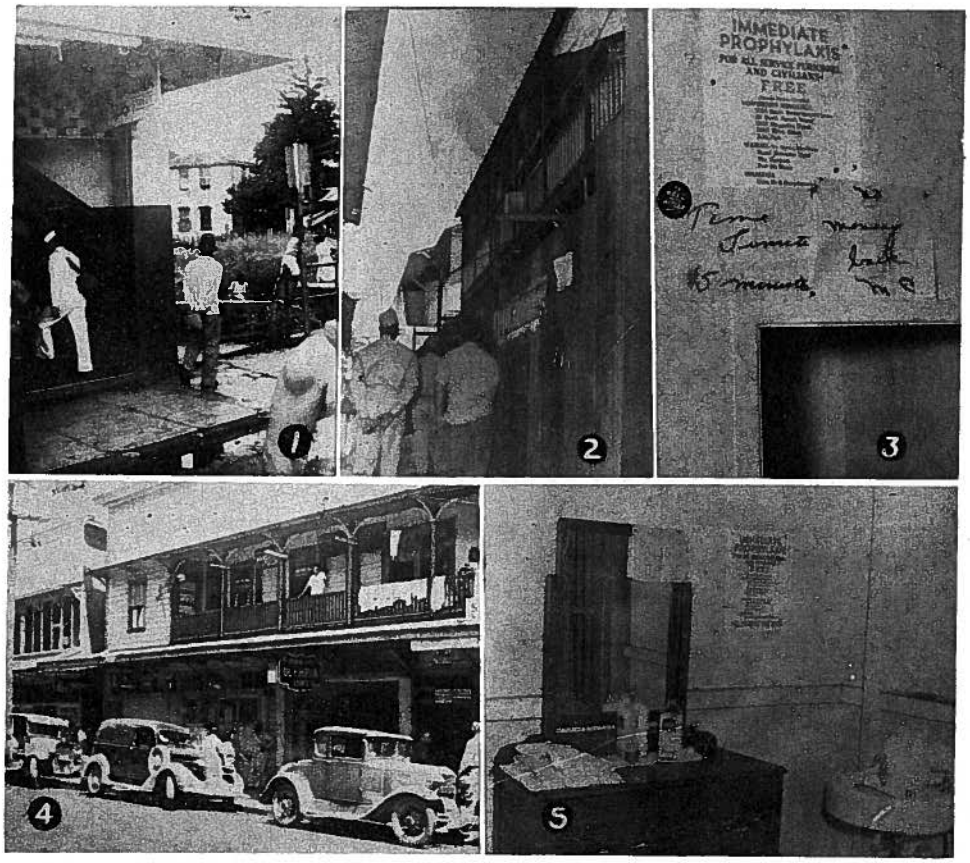

Fig. 2.—Prostitution in Honolulu. *1*. Entrance to brothel. Note children playing on adjacent lot. *2*. Alleyway leading to crib. Note verandas of tenements overlooking brothel. *3*. Hallway in brothel. The ubiquitous Board of Health prophylaxis placard is of somewhat less interest than the sign "Time Limit 5 minutes. *No money back*. M. C." At the time this picture was taken most houses had a three-minute time limit. *4*. Tenements and small stores abutting an alley leading to a brothel. *5*. Brothel room. Many rooms did not have running water.

At the onset of the war, there were approximately twenty houses of prostitution on Oahu, employing about 250 girls. As compared with many mainland communities, this was a relatively small figure in view of the large number of single men in the community. During the war, new operators were difficult to obtain, and, with the tremendous influx of men, the prostitutes worked shorter hours and more rapidly until they had reduced their average time of contact with

men from five to three minutes per sale. Some of the brothels were of the parlor type, others merely cribs in which the landlord or madam rented rooms to the girls on a daily basis. At one time in one crib, rents reached a rate of $75 per room per day. Most of the houses were located in a slum section of the community. Some were on inconspicuous side alleys and others faced large busy streets; their second story windows open on hot days so that every passerby could look in on most of the activities excepting the sexual act. The volume of business done by the girls was tremendous, with one probably true instance reported of a girl serving between 155 and 165 men on each of three consecutive days. People were lined up for many things in Honolulu during the war years, including visits to prostitutes.

Since 1930 nearly continuous efforts have been made to regulate prostitution. At that time a system of medical inspection and house prophylaxis was brought into being, and to it is often attributed the reason for the low venereal disease rates in Hawaii subsequent to 1930. There was a sharp drop in Army venereal disease rates in Hawaii at about that time; but the rate drop occurred in 1929 and the system of regulation was not brought into being until the summer of 1930. With respect to prostitution in Hawaii, it must be remembered that the situation here is in sharp contrast to that on the mainland. There has always been limited movement of civilians. In an island community there can be considerably more control of the movement of infected individuals than is possible on large land masses. I am a strong advocate of repression of prostitution and was active in the campaign for repression in Honolulu but I also believe that if prostitution is to be tolerated—to run wide open—that some regulation may be advisable.

Efforts to get the houses closed early in the war were fruitless. Even repeated civilian efforts to get assistance from the Federal Security Agency in Washington were of no avail. Their opinion was essentially: "We have more pressing problems elsewhere." During the year 1944 the community, however, was aroused to action following the work of the Social Protection Committee of the Council of Social Agencies, the support of the press, an advertising campaign carried by a Mr. J. M. Cummings, a manufacturer's agent, and other interested groups. In September 1944, after the Governor had been assured of Army and Navy support, he asked the police department to close the houses of prostitution. The result was an immediate decline in the numerical incidence of venereal disease in the community. There was no spectacular deline in the Army rate, since by that time the Army venereal disease rate for locally acquired infections had reached about 1.5. We feel, however, that the decreased actual case incidence was of some significance because it reflects not only the Army but the Navy and civilian picture as well. Along with a decreased numerical incidence of venereal disease, there was a decrease in all sex crimes and rape. The details of the effort toward the control of prostitution in Hawaii have been recently related.[3]

Clandestine prostitution during the war years was not a significant problem. From the economic standpoint no woman had to prostitute herself to make a living. The most likely candidates for the clandestine ranks made fabulous sums

posing as hula girls in "hole-in-the-wall" photography shops, as waitresses whose tips in some instances went over $50 per day, as taxi dancers, and as operators of various other entertainment concessions. When the brothels were closed, most of the professionals left the Territory or at least did not engage in scattered prostitution. A few, however, attempted to gather trade through use of cab drivers, bell hops, and other intermediaries.

It is felt that the repression of prostitution was advantageous in the control of venereal disease in Hawaii. The effectiveness of contact investigation was thus enhanced and the management of infectious individuals was simplified, as it was no longer necessary to be concerned with providing special hospitalization facilities for the professional prostitute.

Prophylaxis.—In view of the obstacles to the repression of prostitution early in the war, attempts were made to develop adequate prophylaxis facilities for the community. Early in 1942, there were but two Army prophylaxis stations in Honolulu, one of which was a vestige of the Iwilei district of thirty years ago, and both of which were located in areas removed from the present beaten path. As a consequence, the volume of business was small. In February, 1942, the Navy opened a station in the red light district. Nearly immediately the number of prophylactics being administered doubled and redoubled. In July 1942, the Army added another major prophylaxis station within the same general area. Again the volume of prophylaxis increased sharply. During a prostitute strike in September 1942, the prophylaxis rate dropped to practically nothing, but with the cessation of the strike prophylactic treatments increased to even greater numbers. From about 2,000 prophylactics per month given at the time the war started, the number increased to over 70,000 per month shortly before the houses were closed. Both Army and Navy prophylaxis stations were available to all servicemen and to civilians.

An interesting commentary on the public reception to this prophylaxis program was that when the Health Department was authorized to publicize the availability of the Navy prophylaxis station to civilians, one of the major daily papers made mention of the fact on its front page and another on its editorial page.

Early in the control program, in addition to prophylaxis stations, brothels were expected to administer prophylaxis to their customers. A study of the type of prophylaxis administered showed that in all instances it was inadequate, and in some instances it was actually dangerous owing to the age of solutions and improper handling of them. In May, 1943, when it was felt that sufficient prophylaxis stations had been established to take care of the demand, prophylaxis was no longer permitted in the houses of prostitution and extensive educational efforts were made toward directing all men to prophylaxis stations.

In addition to promoting the use of prophylaxis stations, the individual use of mechanical and chemical prophylactics was encouraged through the free distribution of such aids by the Armed Services. During the war years all passes issued to Army men carried on the back of the pass a list of prophylaxis facilities.

When the houses of prostitution were closed, there was an immediate and sudden drop in the prophylactic number from nearly 58,000 in the Army pro-

phylaxis stations in August, 1944, to 247 in October of the same year. We feel that in communities where prostitution is prevalent, the provision of adequate prophylaxis facilities is of significant aid in the control of venereal disease. It seems virtually certain that the administration of over 70,000 prophylactics per month was instrumental in either keeping venereal disease rates low or lowering them.

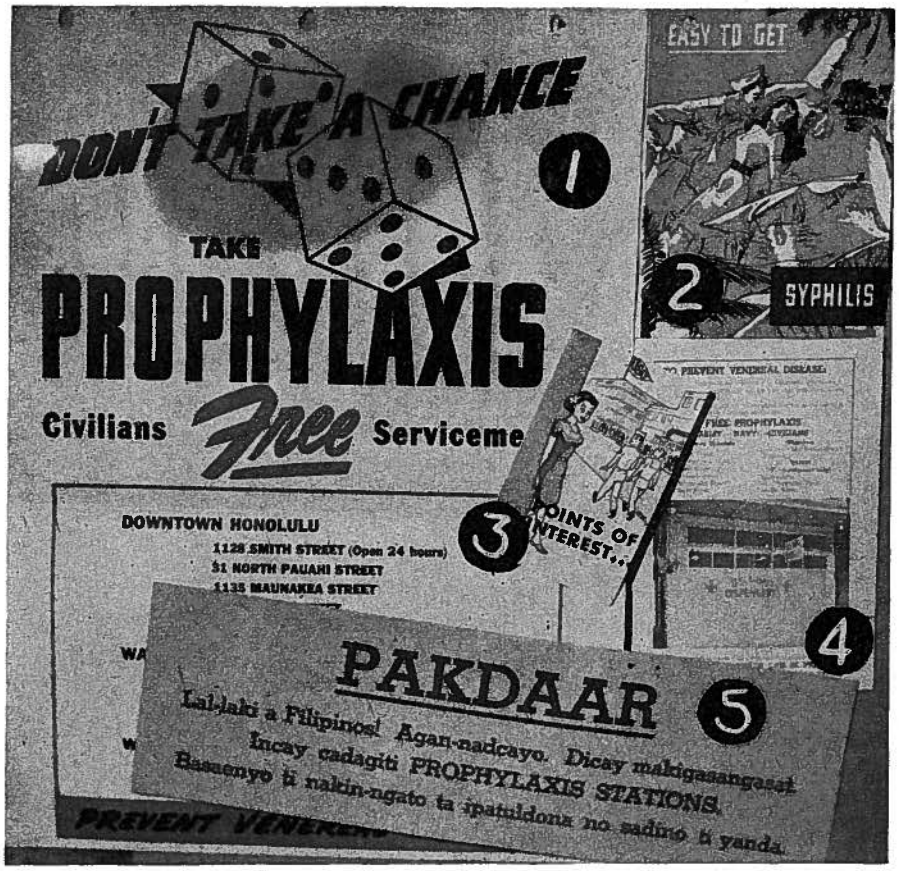

Fig. 3.—Prophylaxis propaganda. *1.* Placard displayed in all Army and Navy establishments, brothels, and many amusement areas. *2.* Pamphlet dealing with syphilis and prophylaxis. *3.* A pocketbook-sized folder containing a calendar and a map of Honolulu showing points of interest and prophylaxis station. *4.* Back page of pamphlet dealing with venereal disease. Army prophylaxis station pictured was immediately under one brothel and across the street from another. *5.* Foreign language prophylaxis information.

Education.—Prior to 1942 sporadic efforts had been made toward a lay educational program in the Territory, but the press and radio were not particularly responsive to these efforts. Even as late as May, 1942, on Child Health Day the newspapers carried all releases submitted by the Health Department excepting those pertaining to venereal diseases. In June, 1942, the *Hawaii*

Health Messenger, a publication of the Board of Health, presented the venereal disease picture to its mailing list of physicians, social agencies, and health-minded laymen, and shortly thereafter the *Hawaii Magazine*, a small independent publication, carried two articles on the subject. At the request of a prominent Honolulu physician, Honolulu's afternoon paper reprinted one of the latter articles on its editorial page. Since then all of the Honolulu papers have carried a great many venereal disease news releases, editorials, letters to the editor, and special articles.

Among the more effective educational procedures carried out was that of distributing pamphlets to the Armed Services. Such pamphlets from the United States Public Health Service as "It Doesn't Pay," "Syphilis—Its Cause, Its Spread, Its Cure," and locally produced ones such as "Points of Interest" served a real need. Most of the locally produced pamphlets carried specific information as to prophylaxis facilities. The majority of pamphlets distributed to the Armed Forces were purchased through Board of Health funds and distributed to the Armed Services. In the case of the Army, pamphlets were distributed by command order through the Office of the Surgeon. During the period of peak mobilization in Hawaii, pamphlets were distributed so that they would reach small groups of men, and every man was responsible for knowledge of the contents of the pamphlets.

Considerable use was made of movies, both among the Armed Services and civilian groups. It is certain that this educational procedure, carried out particularly among the large groups of war workers in Hawaii, served a purpose in keeping down the amount of venereal disease. Through the interest of the Consolidated Amusement Company, two films were shown in most of the commercial movie houses in the Territory. "No Greater Sin" was brought to the islands early in 1943, and in April, 1943, the film, "Dr. Erlich's Magic Bullet," was revived. These two films eventually reached a distribution of about 140,000 people each. (The total population of the Territory is approximately 500,000.)

The commercial radio stations in the Territory were instrumental in releasing several broadcasts concerning venereal disease.

One of the major educational efforts toward directing men to prophylaxis facilities was that of the use of placards. These were distributed in large numbers in all military installations and in all brothels. All rooms and hallways of brothels were required to display a large placard showing a list of all prophylaxis stations, and to have underlined the station nearest to the brothel.

There has been developed in Hawaii a venereal disease program reaching virtually all secondary students of both public and Catholic schools in the Territory.

Education is an intangible adjunct in the over-all venereal disease control program. Nevertheless, it seems certain that the educational process was the major reason for the large use of prophylaxis in addition to being an aid in reducing exposure to disease, in promoting early reporting for examination, and/or subsequent treatment if disease were suspected—the three essential factors.

Summary and Conclusion.—During the war years in Hawaii the Army venereal disease rate reached an extremely low level. In this paper are discussed factors which may have played a part in reducing the rate, such as treatment facilities, epidemiology, isolation, prostitution, prophylaxis, and education. I believe that the most prominent factor in the rate reduction was the intimate cooperation of the Armed Forces and the civilian community in the development of a venereal disease control program. To the usual controllable factors were added such aids as the insular nature of the Territory and the regulation of many facets of community life by military law.

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